

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

LEAF FUNDING, INC.,

V.

MIDWEST OPEN MRI, INC.,
KUNDANKUMAR GIRI and
NIRANJANA GIRI,

CASE NUMBER:

08CV4032

ASSIGNED JUDGE:

JUDGE NORGLE

MAG. JUDGE COX

DESIGNATED

MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Niranjana Giri
138 St. Francis Circle
Oak Brook, IL 60523

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Michael H. McColi
Foran Glennon Palandech & Ponzi PC
150 South Wacker Drive, Suite 1100
Chicago, IL 60606

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk



(By) DEPUTY CLERK

July 16, 2008

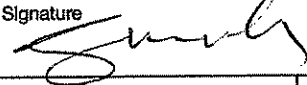
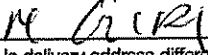
Date



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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE July 18, 2008	
NAME OF SERVER (PRINT) Frances Corbett	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<p><input type="checkbox"/> G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p><input type="checkbox"/> G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> G Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> G Other (specify): <u>Served certified mail, return receipt requested to Defendant</u> <u>Niranjana Giri at 138 St. Francis Circle, Oak Brook, IL 60523</u></p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES Certified Mail Return Receipt Requested	TOTAL \$6.41
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>7/18/08</u> _____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;"><i>Signature of Server</i></p> <p style="text-align: center;">150 South Wacker Drive, Suite 1100 Chicago, IL 60606</p> <p style="text-align: center;">_____ <i>Address of Server</i></p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse, so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Niranjana Giri 138 St. Francis Circle Oak Brook, IL 60523</p>		<p>B. Received by (Printed Name) C. Date of Delivery  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7006 3450 0002 6244 3442</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-02-M-1540</p>	